



# MISSOURI

## STATE BOARD OF NURSING

### NEWSLETTER

*The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 107,000 to all RNs and LPNs*

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## Message from the President

Authored by Dr. Teri A. Murray, PhD, RN  
Board President

### Patient Safety and Just Culture

The Missouri Center for Patient Safety was awarded a grant from the National Council of State Boards of Nursing for a collaborative, "Establishing a Just Culture for Patient Safety between Healthcare Providers and Regulators." Just Culture is a safety-supportive system of accountability based on the work of David Marx, JD and implemented across a wide variety of industries, from airlines to railroads to health care.



Murray

I am delighted to report that the Missouri State Board of Nursing signed the statement of support for a "Statewide Culture of Learning, Justice, and Accountability" through the Missouri Center for Patient Safety. Just Culture is a system that will lead to the improvement of patient safety outcomes through managing human behavior and system design. The Just Culture collaborative will establish an understanding of why medical errors happen and improve methods for preventing them. The project is particularly notable in that it brings together both health care regulators and the professionals they regulate.

Missouri's collaborative will support up to 80 organizations in helping them to understand and use the Just Culture concepts, educating them on how to implement a Just Culture within their organization, and assessing the impact of a Just Culture on patient safety. Other states with this initiative include Minnesota, North Carolina, Pennsylvania, and Connecticut.

The Statement of Support for the Statewide Culture

of Learning, Justice, and Accountability" through the Missouri Center for Patient Safety is based upon the following:

Given that:

- Medical errors and patient safety are a national concern to all involved in health care delivery;
- Health care providers and regulators are legally and/or ethically obligated to hold individuals accountable for their competency and behaviors that impact patient care; and
- A punitive environment does not fully take into account system issues, and a blame-free environment does not hold individuals appropriately accountable.

It is agreed:

- A culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions should be a goal;
- Behavior, not outcomes, should be evaluated to distinguish between human error, at-risk behavior, and intentional reckless behavior;
- A learning environment encouraging identification and review of all errors, near-misses, adverse events, and system weaknesses should be established;
- A wide range of responses to safety-related events caused by lapses in human behavior should be considered, including coaching, counseling, education, or training, demonstration of competency, additional supervision and oversight, and disciplinary action, when appropriate, to address performance issues.
- Systems that enable safe behavior to prevent harm should be supported and implemented; and
- Organizations should collaborate to promote continuous improvement and establishing a culture of learning, justice and accountability to provide the safest possible environment for patients and staff.

For more information about Just Culture, please visit the website, [www.justculture.org](http://www.justculture.org).

### GOVERNOR

The Honorable Matt Blunt

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## Executive Director Report

Authored by Lori Scheidt, Executive Director

### Fiscal Year 2007 Statistics

The 2007 fiscal year for Missouri State government began July 1, 2006 and ended June 30, 2007.

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:



Scheidt

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

*Executive Director Report cont. to page 2*



MISSOURI  
STATE BOARD  
OF NURSING

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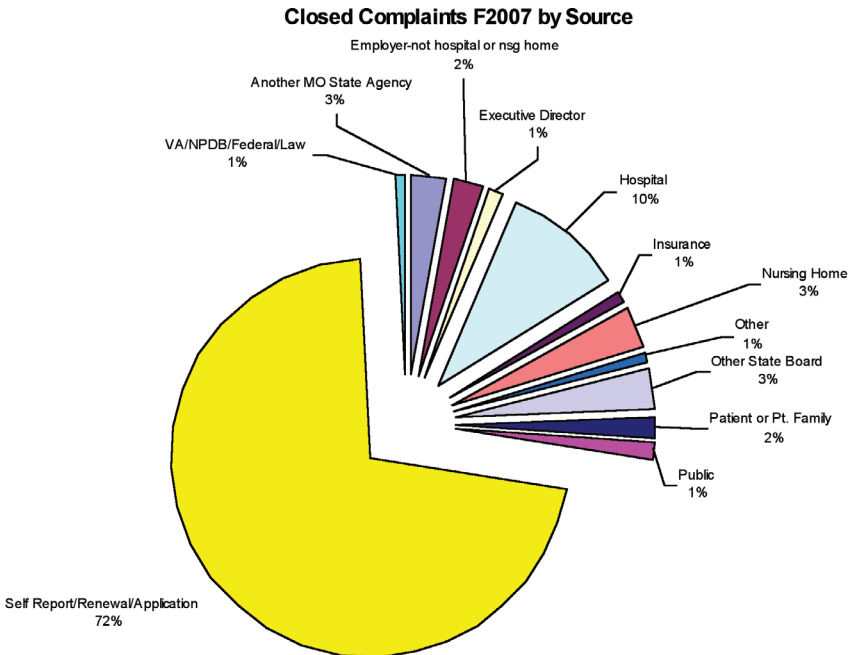
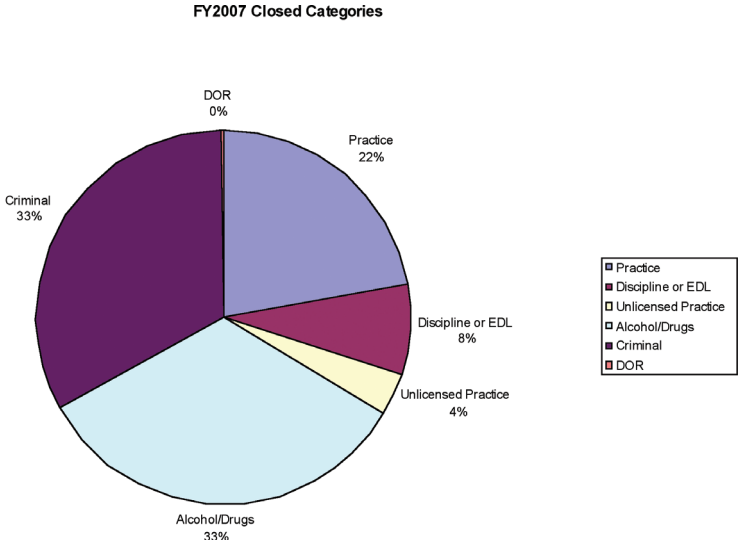
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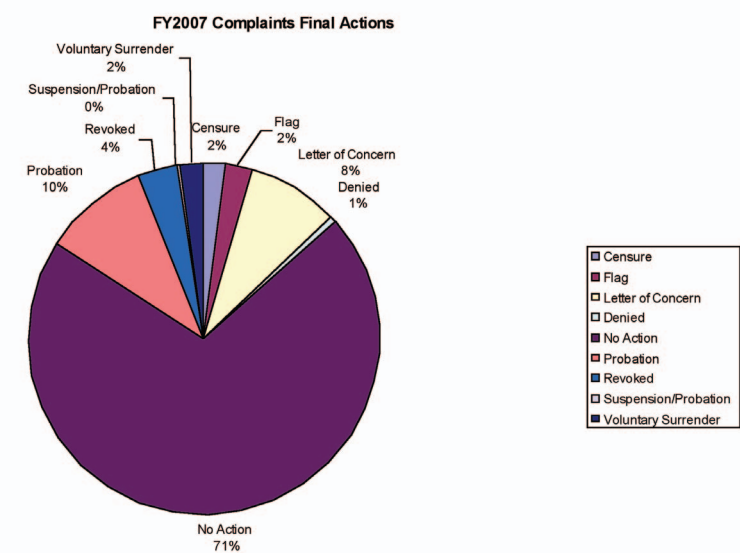
Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Executive Director Report cont. from page 1

The following chart shows the category of complaint and application reviews that were closed this past fiscal year. There were 1562 Board decisions that became effective in fiscal year 2007.



The next chart shows the actions taken by the Board for those complaints and application reviews.







## Practice Corner

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Authored by Debra Funk, RN  
Practice Administrator

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### Missouri State Board of Nursing Practice Committee Members:

- Amanda Skaggs, RNC, WHNP, Chair
- K'Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Teri Murray, PhD, RN
- Autumn Hooper, RN

### Graduate APRNs

We continue to receive calls from new graduates of master's programs who don't know the process for becoming an Advanced Practice Registered Nurse (APRN) in Missouri. The process is as follows:

1. Send completed application for Advanced Practice Registered Nurse to the MSBN (application and instructions on the website under Advanced Practice).
2. Include \$150.00 fee with application.
3. After taking your exam with your certifying body, send a copy of your letter or card from your certifying body with the expiration date on it.

In addition to the above process, many don't realize the availability of "Graduate Status" recognition.

Missouri offers the designation of "Graduate Status" to those nurses who have graduated from a master's program in preparation for an advanced practice clinical nursing specialty area. This designation allows the nurse to practice in the capacity of the APRN category for which they are scheduled to test. This test must be with a nationally recognized board approved certifying body. In order to obtain "Graduate Status" the following things must be completed/obtained and sent to the MSBN office:

1. Completed application for Advanced Practice Registered Nurse (available on the website under Advanced Practice).
2. Fee, \$150.00.
3. Official final transcript from completed master's program.
4. Eligibility letter from the certifying body to sit for the test.
5. Proof of scheduled test date.

Graduate status may be granted for up to 120 days after the graduation date and will expire 30 days after the scheduled test date. These 30 days must fall within the original 120 days after graduation or the time frame after the test date will be shortened. If the nurse does not pass the test, he/she must immediately stop working in the advanced practice role and contact the MSBN office within 5 days. The nurse cannot return to the advanced practice role until he/she successfully passes the test.

Apparently, some of the certifying bodies are notifying you immediately after you take the test whether you have passed or failed. Unfortunately, we cannot recognize you as an APRN until we have received a copy of the certification letter or card from the certifying body that provides an expiration date for your current certification. To date, your APRN Document of Recognition (DOR) is good for the same time period that the certifying body has assigned. In Missouri, the DOR cannot stand alone; it is attached to the RN license. To keep the DOR current, the RN license must not lapse or be placed on inactive or retired status. If this happens, the DOR is immediately considered lapsed.



Funk

20 CSR 2200-4.100 (3) (B) makes reference to "Graduate Status." Instructions are attached to the application on our website, [www.pr.mo.gov/nursing.asp](http://www.pr.mo.gov/nursing.asp). Click on "Advanced Practice" and then on "Application for."

### School Nurses, It's That Time of Year Again!!

I have been asked to speak at a few different School Nurse functions this fall and two popular themes seem to arise from their questions—Scope of Practice and Delegation. We have a few resources on the website that will help you with these issues. The Scope of Practice Decision Tree, located under "Practice," is an algorithm that walks you through a decision as to whether or not something is within your scope of practice. There are also scope of practice statements under "Practice" and then under "Registered Nurse" and "Licensed Practical Nurse." There is also a position statement about unlicensed assistive personnel, under "Practice" and then under "Position Statements." I have a delegation tree available that I can email to you. It is not available on the website yet. As a school nurse, you not only have to abide by the rules and regulations of the Board of Nursing but you must also abide by your school district policies and procedures. These policies may be more restrictive than the Board of Nursing rules and regulations.

The Department of Health and Senior Services (DHSS) has information under the "Google search" for "School Nurse" on their website ([www.dhss.mo.gov](http://www.dhss.mo.gov)) to help school nurses deal with many common issues. DHSS also has DVDs available on the topics of "Head Lice and Asthma", "Seizures and Diabetes," "The Role of the School Nurse under section 504 and IDEA" and "Confidentiality of Student Information in Public Schools: Confidentiality Awareness." These DVDs can be obtained by contacting Marjorie Cole, the State of Missouri School Nurse Consultant, through her Assistant, JoAnn Potter at 573-751-6213. Marge is your expert contact for school nurse issues in Missouri. Her email address is [marjorie.cole@dhss.mo.gov](mailto:marjorie.cole@dhss.mo.gov). There is also a school nurse professional organization on the national level and on the state level. The National Association of School Nurses' website is [www.nasn.org](http://www.nasn.org). The Missouri State School Nurse Association's website is [www.missourischoolnurse.org](http://www.missourischoolnurse.org).

Missouri utilizes not only RNs but also LPNs in the role of school nurse in many districts. The LPNs function under the supervision of a RN and per the Nurse Practice Act may provide most of the same functions as a RN with the exception of final approval/development of a plan of care.

## Discipline Corner

Authored by Janet Wolken, MBA, RN  
Discipline Administrator

### Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- K'Alice Breinig, RN, MN
- Autumn Hooper, RN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP



Wolken

When a license is issued it is considered a privilege not a right. If we abuse that privilege (by violating the nurse practice act) then the license may be disciplined. A nursing license may be disciplined in the form of censure, probation, revocation, or suspension.

When a nursing license is disciplined the terms and conditions of that discipline are public information. The disciplinary action will be a permanent part of the license record. Anyone may make a request in writing for a copy of the Settlement Agreement or Board Order.

We encourage employers to verify the status of all employees nursing licenses. To find information about a nursing license using the online search the license must be active. To find out information on a revoked, lapsed, or inactive license you must call the Board office at 573-751-0681.

Anyone who has Internet access can find information out about a license that is issued by Professional Registration by going to <http://pr.mo.gov/>. In the upper right hand corner are three boxes, the middle box is a graphic of a crowd of people and it is titled "Licensee Search."

The link will take you to a screen that allows you to choose County Name; Profession Name, and Search Criteria. There are a variety of ways you can search. When doing a licensee search it may be easiest to leave County Name and Profession Name as "All."

The next section is Search Criteria. From that section choose Licensee Name (Last, First—Partial), License

Number, or Practitioner DBA Name. After choosing a section then type the search information into the text box and "hit" the Search button.

The search results may reveal more than one person, even if using a license number, click on "Detail" in the row of the licensee that you wish to find information about.

The information on the nursing license detail page is the licensee name, profession name, City, State, Zip, County, license number, original issue date, expiration date, and current discipline status.

If the discipline status is "None" then look below that section. If the section is blank then the license has not been disciplined. If a license has past discipline there will be more information below.

When a license has been "Censured" the current discipline status will be None, and the section below will have Discipline as Censure, the Start Date and End Date will be one day apart, and the Terms section will summarize the cause of discipline.

If a license is currently on probation the current discipline status will be Probation. If a license was previously on probation the current discipline status will be "None." Look at the section below, the Discipline will say Probation, the Start Date and End Date will let you know the length of probation and the Terms section will summarize the cause of discipline and list employment restrictions.

A license that is "Suspended" will generally have a period of suspension when the licensee is not able to work as a nurse, followed by a period of Probation. If a license is currently suspended the discipline status will say Suspended. To determine the length of the suspension look at the section below. The Discipline will be Suspension with the dates that the licensee may not work and then below that will be a Probation section showing the dates of probation. Each of these sections contains a Terms section that summarizes the cause of discipline.

For more information about causes of discipline please see <http://www.moga.mo.gov/statutes/chapters/C225.HTM> section 335.066 Denial, revocation, or suspension of license, grounds for, civil immunity for providing information.

## Investigations Corner

Authored by Quinn Lewis  
Investigations Administrator

### Update Your Information

On numerous occasions while conducting an investigation, the Board's investigators have encountered problems when attempting to contact nurses that are under investigation by the Board. This occurs when the Board does not have a current address or phone number for the nurse.

Rule 4CSR 200-4.020 paragraph 14 (B)(2) states that if a change of address has occurred since the issuance of the current license the licensee must notify the board of the address change.

When a nurse is the subject of a Board investigation he/she is notified by mail. Also at this time the nurse will be provided with a copy of the complaint. The nurse will then be asked to provide a written response to the allegations within 30 days after he/she receives the Board's letter.

If the nurse has moved since he/she last renewed their license and the nurse did not update his/her address with the Board we have no way of notifying them of the current situation with their license.

In all Board investigations we give the nurse the opportunity to defend themselves. If the Board does not have a current address for the nurse, he/she cannot defend themselves, because the Board's investigator cannot find them. When a Board investigator cannot find a licensee the complaint does not go away. The investigator continues with the investigation.

As stated in previous articles, nursing cases are unique in the sense that we have the person or persons suspected of the conduct given to us. The board's investigator is then responsible for collecting evidence in the form of documentation and witness statement. The evidence in most cases will tell the board if the allegations have merit. Without any response from the licensee in the investigative report, the board has no choice but to make a one-sided decision.

On several occasions, nurses have called the Board office because they've heard that the Board has interviewed a former co-worker concerning a complaint and he/she knew nothing about the complaint. At that point we get a current address and phone number from the nurse for future contact by an investigator. Often the nurse is upset and wonders what would have happened if they had not called to ask about the complaint. Since it is the responsibility of the nurse to keep the Board informed of their current address and phone number, it is explained that the investigation proceeds even if we are not able to contact them. It should be noted that the Board conducts a regulatory investigation which results in administrative action rather than a criminal investigation which could result in the arrest of the nurse, so the process is somewhat different. The Board (of course) prefers to have the nurse's side of the story before rendering a decision on an investigation, but it is not a hindrance to the process when the nurse does not provide a statement to the Board.

It is important to emphasize to all nurses that it is your license at stake. Please take the necessary steps to insure that the Board has your current address and phone number. You are the one that benefits should you be the subject of an investigation.



Lewis



# The Legal Perspective

Authored by Mikeal R. Louraine, B.S., J.D.  
Legal Counsel

## Michael Taylor v. Department of Corrections, et al

I'm guessing that not a lot of you will recognize the name of this case. Even if you don't recognize the name, this case has caused a great deal of debate in the health care community. This is the case that has called into question the constitutionality of Missouri's lethal injection protocols. I will do my best to provide some history and address some of the concerns that have been communicated to the Board by numerous licensees.



Louraine

## HISTORY

Michael Taylor plead guilty to first degree murder in Jackson County in 1991. The Circuit Court Judge sentenced him to death. The conviction and sentence have stood on direct appeal to the Missouri Supreme Court and in numerous federal habeas corpus proceedings. After his last habeas appeal was denied, Taylor filed a suit in federal district court against the State of Missouri alleging that the method used by Missouri to execute defendants violated his constitutional right to be free from cruel and unusual punishment. In short, he argued that the three-drug system that Missouri utilized created a significant risk that he would experience significant pain during the procedure, but the procedure would leave him unable to communicate that he was suffering. I'm sure that the irony of a convicted murderer complaining of potentially experiencing pain is not lost on any of you.

During the discovery phase of the case, it was revealed that the State used an unwritten execution protocol, failed to properly account for the amount of drugs used during the execution, failed to properly account for the amount of drugs disposed of after the execution, generally did a poor job of keeping records and even failed to follow its own unwritten protocol during some executions. However, the Court also found that, during the last six executions, the defendant died within five minutes of the first chemical being administered and there was no evidence that any prisoner suffered any pain other than the initial IV placement. The District Judge found the procedures used by Missouri to be insufficient and ordered a moratorium placed on all executions in the State until the State adopted a protocol that passed constitutional muster. The federal District Judge wanted the State to include a physician or anesthesiologist in the process.

The State presented its plan to the Court. The plan proposed by the State did not require the use of a physician or anesthesiologist, because the State could not find a licensed physician or anesthesiologist who would agree to participate in the process. Instead, the plan included the use of 'medical personnel'. The definition of medical personnel included nurses. Hence, the flurry of discussion amongst our licensees.

The District Judge, while acknowledging that the new plan was certainly an improvement over the previous unwritten protocol, ruled that the new plan still did not meet constitutional standards and refused to lift the death penalty moratorium he had previously imposed. The State of Missouri appealed that decision to the Court of Appeals. The Court of Appeals, in a decision handed down on June 4, 2007, overturned the District Judge. They found that the new execution protocol provided sufficient safeguards to ensure that an inmate did not suffer cruel and unusual punishment during the execution procedure. Taylor requested the Court to reconsider their ruling or, in the alternative, to have the full Court re-hear the case. Both requests were denied. According to newspaper accounts, Taylor's attorneys have requested the United States Supreme Court hear the case.

For those of you unfamiliar with the appellate process, the Supreme Court chooses which cases it will hear. An appeal to them is no guarantee that they will agree to hear the case. If they refuse to hear the case, the Court of Appeals' decision, finding Missouri's new execution protocol to be constitutional, will be the controlling authority in Missouri.

This is a very condensed version of the long and winding history of this case. If any steps were left out or misdated, I apologize to any party involved. As you can see from this shortened account, cases of this nature can wind through the legal process for many years.

## THE NEW PROTOCOL

The new execution protocol is available to anyone making a Sunshine request to the Department of Corrections. My thanks to the DOC's Public Information Office for promptly responding to my request for a copy of the new protocol. Pursuant to the new protocol, the 'execution team' consists of contracted medical personnel and department employees. The protocol calls for a physician, nurse or pharmacist to prepare the chemicals that will be used during the execution. A physician, nurse or qualified EMT will insert IV lines, monitor the prisoner and supervise the injection of the chemicals by non-medical members of the execution team. The actual pushing of the drugs will be done by two department employees. There is no requirement that the department employees carry any level of certification. Medical personnel are also responsible for attaching and monitoring an electrocardiograph during the execution. After the first drug is administered, the medical personnel must physically examine the prisoner to ensure that he is unconscious. After the final drugs are administered, medical personnel pronounce death. Following the execution, medical personnel are also responsible for completing a 'Sequence of Chemicals' form confirming that the administration of drugs was done in compliance with the protocol. They also complete a 'Chemical Log' indicating the amount of drugs used and discarded during, and following, the execution.

## THE NEW LAWS

Effective August 28, 2007, new sections of §546.720 RSMo went into effect. Several changes were made that are relevant to this discussion. First, the Director of the Department of Corrections shall be responsible for selecting members of the execution team. The identities of the members of the execution team are to be kept confidential. It's clear from the language used in this section that the legislature and the Governor were very serious about this provision. Sometimes, laws are written with multiple exceptions or exclusions. No such loopholes appear to exist in this section. Second, sub-section 4 expressly forbids any licensing board from disciplining a licensee for participating in an execution.

Therefore, if the Board chose to pursue discipline against a licensee for participating in an execution, we would have two big problems. First; how do we legally obtain the name(s) of any licensees who participated? Second; we are statutorily barred from disciplining their licensee.

## THE ISSUE

[C]ourts...exist not to resolve broad questions of social policy but to decide specific legal and factual disputes... This case is not about whether the death penalty makes sense morally or as a matter of policy: the former inquiry is a matter not of law but of conscience; the latter is a question not for the judiciary but for the legislature and the voters. Nor is it about whether California's primary method of execution-lethal injection-is constitutional in the abstract: the arguments and evidence presented by the parties address the specific manner in which California has implemented that method and proposes to do so in the future.

The Taylor Court lifted this passage from the case of Morales v. Tilton, 465 F.Supp.2d 972 (N.D. Cal. 2006), a case in federal Court in northern California which dealt with the same issue. I repeat it here because I believe it nicely separates the moral and practical issues presented by this ongoing debate.

After the first decision was handed down, several licensees called our office wondering why the Board hadn't take a definitive position in this debate and insist that nurses be left out of the execution protocol. Frankly, this issue is much greater than the Board of Nursing. We felt that it would be inappropriate for the Board to take any official stance in this debate. Also, the overriding purpose of the Board is to protect the public through the development and enforcement of laws governing the safe practice of nursing. Taking a position in this debate does not serve that purpose. Finally, the Board tries to remain as apolitical as possible. Taking a position could serve to alienate members of the legislature who we may later need to rely on in order to get a piece of legislation passed.

In the end, the Board of Nursing is not going to take sides in this highly emotional and contentious debate. Should you choose to volunteer, your identity will be protected and the Board is statutorily barred from seeking discipline against your license. Further advice and guidance on this issue must come from your own conscience.

# Licensure Corner

Authored by Angie Morice  
Licensing Supervisor

## Missouri State Board of Nursing

### Licensure Committee

#### Members:

Kay Thurston, ADN, RN, Chair  
Charlotte York, LPN  
Clarissa McCamy, LPN  
Linda Conner, RN  
Autumn Hooper, RN



Morice

### What is Nursys®?

Nursys® (Nurse System) is a computer system that contains nurse license and license discipline information that is provided by boards of nursing in the United States and its territories. Nursys® receives regular updates of nurses' personal (name, address, etc.) and license information from participating boards of nursing. All boards of nursing, including non-participating boards, have access to information within Nursys®, and are able to enter and edit discipline information. The purpose of Nursys® is to provide centralized license information to boards of nursing that use it in the following ways:

- To verify applicant license information.
- To enter and review disciplinary actions.
- To send electronic communications between boards of nursing for information requests.

NCSBN provides the public access to Nursys® for the purposes of licensure verification.

### Information Contained in Nursys®

Nursys® contains personal, licensure, education, verification, and discipline information supplied solely by boards of nursing.

### What is a License Verification?

When a licensed nurse applies for a license in another state, that board of nursing may require proof of existing or previous licenses. Each board of nursing has different requirements. If the license that needs to be verified is from a board of nursing that participates in Nursys®, then Nursys® will provide the license verification. To request license verification from Nursys®, the Nursys® Verification Request must be completed. Verification can be requested by completing the Online Nursys® Verification Request Application on this website, or by printing the Nursys® Verification Request Form and mailing it to the National Council of State Boards of Nursing, Inc. The nurse pays a fee for this service. Once the verification is posted, the information is available to all boards of nursing for 90 days. Multiple boards of nursing can access the license verification during that time. Verification fees are non-refundable.

### How much will verification cost the licensee?

The cost of electronic verification service to the licensee (nurse) will be one \$30.00 fee for all RN or PN licenses, \$60.00 for both RN and PN licenses. The verification is available in Nursys® for a 90-day time period. All Member Boards will have access to verifications within the 90-day time frame.

### Who uses NURSYS®?

Boards of nursing in the United States and its territories use Nursys® to retrieve license verification for applicants and to enter and review disciplinary actions. Nurses can submit verification requests with fees to place license verification into Nursys®. Employers can request limited information from Nursys® to verify a nurses license.

### What Boards currently participate in NURSYS®?

Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia (PN) and Wisconsin.

### LPN license renewals

LPN licenses will expire on May 31, 2008. Renewal notices will be mailed to the last address on Board records 90 days prior to the license expiration date. If you have moved since your last renewal, it will be necessary for you to contact the Board with your address change. Failure to receive your renewal notification does not relieve the licensee of his/her responsibility to maintain a current license. All LPNs must renew their license prior to the May 31, 2008 expiration date in order to practice nursing in Missouri.

### Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

### Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

# NCSBN Welcomes Rhode Island as the 23rd State to Join the Nurse Licensure Compact

CHICAGO—The National Council of State Boards of Nursing (NCSBN) is pleased to announce that Rhode Island recently passed legislation to join the [Nurse Licensure Compact \(NLC\)](#). The state will begin the rule writing process to work toward implementation of the NLC in 2008.

The concept of the mutual recognition of nurse licensure is what the NLC model is based upon, and the NLC seeks to simplify government processes and remove regulatory barriers in order to increase access to safe nursing care. NCSBN and its member boards of nursing arrived at this model in response to the rapidly evolving health care environment, which includes emerging practice modalities and technology (e.g., telenursing) for nurses who practice across state lines both physically and electronically in a variety of health care settings.

Currently, 22 other states have enacted the legislation allowing for participation in the NLC. Other states in the Compact include: Arizona, Arkansas, Colorado (planning to implement Oct. 1, 2007), Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

NCSBN developed the NLC with its member boards in 1997. Under the NLC, nurses hold one license in their state of residency and are able to practice in the other NLC states, provided that they follow the state's nursing practice act for where the care is provided (similar to the drivers license compact). All NLC states are required to participate in a coordinated licensure database called Nursys that aids the NLC in the advancement of its objective to enhance public protection through timely and more complete information sharing.

Operationally, the NLC is administered by the Nurse Licensure Compact Administrators (NLCA) who function as a separate, incorporated body made up of the participating state-designated NLC administrators. NCSBN provides secretariat services for the NLCA.

"One of the primary benefits of the NLC is that it provides the public with access to quality nursing care by eliminating barriers created by individual state licensing laws," comments Gloria Damgaard, MS, RN, executive secretary, South Dakota Board of Nursing and chair of the NLCA.

In addition to the NLC, NCSBN also recognizes and supports the single state licensure model.

*The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and five United States territories.*

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# NCSBN Award Ceremony Honored Outstanding Nurse Regulators

**FOR IMMEDIATE RELEASE**

Chicago—The National Council of State Boards of Nursing (NCSBN) recognized its dedicated and exceptional membership and guests at its annual awards luncheon during the NCSBN Delegate Assembly held in Chicago, Aug. 7–10, 2007.

Specific award recipients include:

**Polly Johnson, MSN, RN, FAAN, executive director, North Carolina State Board of Nursing**, was honored with the R. Louise McManus Award, the most prestigious of NCSBN’s awards. Individuals receiving this award have made sustained, and significant contributions through their deep commitment and dedication to the purpose and mission of NCSBN.

**Judith Hiner, BSN, RN, board member, Kansas State Board of Nursing**, received the Exceptional Leadership Award, which is awarded to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

**Mark Majek, MA, PHR, board staff, Texas Board of Nursing**, received the Meritorious Achievement Award, which is granted to a board or staff member of a member board for positive impact and significant contributions to the purposes of NCSBN.

**Peggy Fishburn, LPN, board member, Kentucky Board of Nursing**, received the Exceptional Contribution Award awarded for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Massachusetts Board of Registration in Nursing** was awarded the Regulatory Achievement Award, which recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

In addition, service awards were given to the following executive officers of boards of nursing:

**Five Years**

- Sylvia Bond, Georgia Board of Nursing
- Gloria Damgaard, South Dakota Board of Nursing
- Jay Douglas, Virginia Board of Nursing
- Laurette Keiser, Pennsylvania State Board of Nursing
- Karen Scipio-Skinner, District of Columbia Board of Nursing
- Debra Scott, Nevada State Board of Nursing
- Rosa Tudela, Northern Mariana Islands Commonwealth Board of Nurse Examiners
- Margaret Walker, New Hampshire Board of Nursing

**10 Years**

- Polly Johnson, North Carolina Board of Nursing
- The following nursing boards are celebrating 100 years of nursing regulation in 2007:
  - District of Columbia Board of Nursing
  - Illinois Department of Professional Regulation
  - Iowa Board of Nursing
  - Georgia Board of Nursing
  - Minnesota Board of Nursing
  - New Hampshire Board of Nursing
  - West Virginia Board of Examiners for Registered Professional Nurses

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# NCSBN Elects New Board of Directors at Annual Meeting

**FOR IMMEDIATE RELEASE**

CHICAGO—The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2007 Delegate Assembly. Members representing the boards of nursing elected Area Directors for a two-year term and two Directors-at-Large for one-year terms. Those elected include:

**AREA DIRECTORS**

I. Kathy Malloch, PhD, MBA, RN, FAAN, board member, Arizona Board of Nursing. Malloch was previously elected Director-at-Large on the NCSBN Board of Directors and was appointed Area I Director to fill a vacancy in 2006. She has served as Chair of the Practice Breakdown Advisory Panel and as a member of the Governance and Leadership Task Force. A board member of the Arizona Board of Nursing since 1999, Malloch served three terms as President and was the Chair of the Education Committee and the Scope of Practice Committee.

II. Betsy Houchen, RN, MS, JD, Executive Director, Ohio Board of Nursing. Houchen has participated in previous NCSBN Delegate Assemblies by serving as a delegate and alternate delegate.

III. Julia George, RN, MSN, Associate Executive Director for Programs, North Carolina Board of Nursing. George has participated in the NCSBN Institute of Regulatory Excellence Fellowship Program, 2004–2007 and served on the NCSBN Resolutions Committee from 2002–2003 and the Practice, Regulation & Education Committee from 2003–2004.

IV. Gino Chisari, MSN, RN, Deputy Executive Director, Massachusetts Board of Registration in Nursing. Chisari previously served as Director-at-Large on the NCSBN Board of Directors from 2006–2007. He was a member of the Practice Regulation and Education Committee from 2002–2006, serving as chair for the past two years. He also served as Chair of the Nominations Committee in 2001 and 2003.

**DIRECTORS-AT-LARGE**

Doreen Begley, MS, RN, has been a board member on the Nevada State Board of Nursing since 2004. Begley served on the NCSBN Resolutions Committee in 2006.

Allison Kozeliski, RN, CAN, BC, MBA, MHA, Executive Director, New Mexico Board of Nursing. Kozeliski served as the Chair of the NCSBN Nursys Business Design Task Force in 2006 and the Nursys Business Design Task Force Advisory Panel in 2007.

In addition, NCSBN members elected two of four Nominating Committee positions during the Delegate Assembly:

AREA I Paula Meyer, MSN, RN, Executive Director, Washington State Nursing Care Quality Assurance Commission.

AREA II Mary Blubaugh, MSN, RN, Executive Administrator, Kansas State Board of Nursing.

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## Nurse Regulators Meet for 2007 NCSBN Annual Meeting



CHICAGO—The National Council of State Boards of Nursing (NCSBN) met in Chicago, Aug. 7–10, 2007, to consider pertinent association business with its member boards of nursing. Faith Fields, NCSBN president and executive director of the Arkansas State Board of Nursing, presided at the meeting. All 59 member boards were represented by delegates.

Highlights of some of the significant actions approved by the member boards of nursing included:

- ♣ Election of new directors to the Board of Directors and members of the Committee on Nominations.
- ♣ Adoption of the *2008 NCLEX-PN Test Plan* for licensed practical/vocational nurses.
- ♣ Adoption of new strategic initiatives that will set the course for NCSBN through 2010.
- ♣ Adoption of the Guiding Principles of Nursing Regulation.
- ♣ Approved revisions to NCSBN's bylaws to enhance organizational culture.
- ♣ Approved *Statement on the Regulatory Implications of Pain Management*.

- ♣ Renewed NCLEX Examination contract with Pearson VUE.

Fields thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year. She remarked, "The hard work and dedication of our group is inspiring. Our Delegate Assembly this year addressed a number of key issues facing nursing regulation today and met these challenges head on, ever mindful of our goal of protecting the public." NCSBN will meet Aug. 5–8, 2008, in Nashville, Tennessee for its annual Delegate Assembly and celebration of its 30th Anniversary.

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# Education Report

Authored by Lori Scheidt, Executive Director

## Missouri State Board of Nursing Education Committee Members

- Teri Murray, PhD, RN, Chair
- K'Alice Breining, RN, MN
- Linda K. Conner, BSN, RN
- Kay Thurston, ADN, RN

## New Minimum Standards Effective December 30, 2007

The new minimum standards for practical and professional nursing program will become effective December 30, 2007. The final order will appear in the November 1, 2007 issue of the *Missouri Register* and November 30, 2007 *Missouri Code of State Regulations*.

The Minimum Standards Task Force and Board did make some changes in the final order based on comments. The changes and rationale will appear in the November 1, 2007 issue of the *Missouri Register* which you will be able to find at the Secretary of State's web site, <http://www.sos.mo.gov/adrules/moreg/moreg.asp>.

One of the major changes centers on the five-year approval period. The Missouri State Board of Nursing is accredited by the United States Department of Education as an accrediting body. In order to be an accredited body, the Board must meet the U.S. Department of Education's Criteria and Procedures for Recognition of State Agencies for Nurse Education. One of those criterion states:

Uses experienced and qualified examiners to visit schools of nursing to examine educational objectives, programs, administrative practices, services and facilities and to prepare written reports and recommendations for the use of the reviewing body—and causes such examinations to be conducted under conditions that assure an impartial and objective judgment.

We need to demonstrate that we always have more than one examiner on survey inspections. The Department position is that more than one evaluator is necessary when conducting survey evaluations in order to assure impartial, and objective, judgments in conducting the survey and making subsequent recommendations.

We are currently working on a plan to develop a training program for nurse educator surveyors. After the training program is developed, we will email schools of nursing to solicit educators that would be willing to obtain the training and assist with surveys.

Another criterion is, makes initial and periodic on-site inspections of each school of nursing accredited.



Scheidt

The Department concluded that paper surveys do not fulfill this requirement. We need to develop and implement a plan for conducting periodic on-site visits to each nursing program we approve.

The new minimum standards will not contain language about paper-surveys. Instead, it will contain a section on on-site surveys, which will state the following. On-site surveys shall be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program shall be surveyed typically at five-year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit.

The maximum period of recognition that may be granted to a State agency for the approval of nurse education is four years. We were granted approval for 4 years and are required to submit an interim report by May 31, 2008 on the issues identified.

## Online Reporting

The Board has implemented online reporting for the nursing program annual reports using Survey Monkey. The baccalaureate and diploma programs were the first programs to use the online system. We sincerely appreciate all the programs for working with us through this new process. One of the major advantages of this system will be to generate and share reports of the results.

## NCLEX® Pass Rates

Congratulations to the following programs whose graduates took the exam for the first-time between July 1, 2006 and June 30, 2007 and all passed, achieving a 100% NCLEX® pass rate for the nursing program.

## Practical Nursing Programs

Applied Technology Services/West, Chesterfield  
 Applied Technology Services/MET, Wellston  
 Bolivar Technical Center, Bolivar  
 Colorado Technical University, North Kansas City  
 Concorde Career College, Kansas City  
 Franklin Technology Center, Joplin  
 Hillyard Technical Center, St. Joseph  
 North Central Missouri College, Trenton  
 Ozarks Technical Community College, Springfield  
 Texas County Technical Institute, Houston

## Associate Degree Programs

Hannibal-LaGrange College, Hannibal

## Baccalaureate Programs

Barnes-Jewish College of Nursing, St. Louis  
 Central Methodist University, Fayette  
 Graceland University, Independence

# A Collaborative Partnership between the Missouri League for Nursing and Moberly Area Community College

In 2004, the Missouri League for Nursing and Moberly Area Community College formed a partnership to create a Culture of Nursing Success. The program targeted socioeconomically deprived high school and community college students in rural Missouri. Additional partners included 3 high schools in rural communities and a hospital or long term care center in the same community. Program activities included nursing career clubs, summer nursing academies, tutoring for high risk nursing students, and cultural sensitivity workshops for practicing nurses.

### Background

In 1995 the Missouri League for Nursing (MLN), in response to concerns of the membership about the lack of leadership abilities in new graduates, created the Missouri Leadership Council for Nursing Students (MLCNS). This project paired selected junior or senior nursing baccalaureate or second year associate degree students with nurse mentors to enhance leadership skills. Initial funding was obtained from the Helene Fuld Trust. Following establishment of the project, and wishing to expand to a larger market, MLN joined with Moberly Area Community College (MACC) to create a HRSA funded Culture for Nursing Success project. The purpose was to create a model for recruiting and retaining rural disadvantaged nursing students. The project would include forming Nurse Career Clubs in the school districts; enhancing leadership skills of current nursing students through participation in MLCNS; utilizing nurse mentors as role models for both groups; increasing retention in the MACC associate degree program through a tutoring program for high risk students; and increasing the cultural awareness of local nurses through a series of workshops.

The population of potential nursing students was selected from three rural school districts in North Central Missouri with a high enrollment of students participating in the Federal Free and Reduced Lunch Program (53%, 41% and 35% respectively, compared to a state rate of 38%). All three were below the state average of 17% for number of minority students (1). The population of nurse mentors was selected from three health care institutions (two hospitals and a long term care facility) located in the same town as the school. The population of nursing students was selected from Moberly Area Community College Associate Degree Program.

### The Project

An advisory committee consisting of representatives from the three health care institutions, the school districts, MACC faculty and staff, and MLN staff and volunteers met prior to the submission of the grant proposal. This group provided oversight of the grant project following funding. The initial plan was to hire a project coordinator, but

qualified candidates could not be identified. The project was then reorganized and a MLN staff member served as coordinator of the nurse career clubs and summer academy, working with another staff member who managed the MLCNS project.

### MLCNS.

Six nurse mentors from the participating health care institutions and six nursing students from MACC attended leadership training at the 2 day MLCNS each year. Topics included mentoring, leadership and cultural competence. These students and mentors served in a variety of capacities in the project, including tutoring at MACC and assisting with the nurse career clubs. Participating mentors indicated an increase in their own professional practice, and enjoyed guiding and sharing expertise with the students. Students valued the willingness of the mentors to assist them. Most stated they gained both a valuable resource and an appreciation for the profession far beyond what was anticipated.

### Nurse Career Clubs

An MLN staff member worked with school officials to identify disadvantaged and minority students for the clubs, although all students in the schools were invited to participate. Sophomore and junior students were targeted for membership. Using a theme of Culture of Nursing Success, monthly club meeting topics were organized around 4 themes: Culture of Learning, Culture of Success at Work, Culture of Support and Culture of Living. (Figure 1). Speakers included nursing students from MACC and local nurse mentors and leaders. Evaluations (Figure 2) were completed after each meeting, describing the purpose, main activity, attendance, theme, and focus of the meeting towards a nursing career. A total of 137 students participated in all three schools (9% of the eligible enrolled students).

### Recruitment and Retention

A major goal of this project was to increase the number of disadvantaged and minority students in local schools of nursing, and to retain high risk students who were admitted to MACC. Since the clubs targeted sophomore and junior students, it was not anticipated that many RN program enrollments would occur until years 2 and 3 of the project. One student in the first project year enrolled in an RN program, and eight in the second year (from all three high schools).

A Collaborative Partnership cont. to page 11



*A Collaborative Partnership cont. from page 10*

The retention program for nursing students began in year 1. Tutors were identified, trained and monitored by MACC, and were available to high risk students identified by the faculty. In the first year, 27 students were tutored and 18 retained. In the second year, 15 were tutored and 11 retained. Students who were retained indicated that they would have dropped out of the program without this support. The total number tutored represented approximately 40% of the enrollment.

*Summer Academy*

Students were provided scholarships to attend the 4 day summer academy at the MACC campus. 20 eligible students were identified for each year by the school district officials, and had to be active participants in the Nurse Career Clubs. Students lived in the residence halls (or a local hotel in year 2 because of campus renovations) and experienced sessions in team building, cultural sensitivity, scrub labs, vital signs labs and career planning. Field trips to the participating health care institutions allowed students to be paired with mentors in a variety of patient care areas. This offered students the opportunity to learn about the diversity of patients and care needs and nurse role.

Daily evaluations (Figure 3) included the purpose, the most and least enjoyable events, what was learned about nursing, and suggestions for changes to be made the next day. Academy staff reviewed these evaluations each day to make needed adjustments in the schedule. Final evaluations were obtained through focus groups (Figure 4). Parents were invited for “graduation” on the last day (Figure 5).

*Cultural Sensitivity Workshops*

Three workshops were held during the funding period. In year 1, the activities focused on cultural difference. One site was selected for the day-long workshop with 46 participants (Registered and licensed vocational nurses, and students).

Year 2 focused on the delivery of health care to various cultures. It was offered at 2 locations in a 3 hour session and had 177 participants, including nurse aides. Evaluations were favorable. Participants indicated an increased overall awareness of cultural diversity and practical applications to practice. The workshop for year three is being planned.

**Continuation of the Project**

MLCNS will continue as a regular program of MLN. Students from MACC will be encouraged to participate, and health care institutions may continue to serve as mentor. Funding for this project is provided from donations and MLN revenues. The Summer Academy will continue on the MACC campus, with alternative being solicited from the local health care institutions and other donors.

Participation in the Nurse Career Clubs has been greater than expected. The schools are impressed with the success, and will continue the clubs as a part of regular co-curricular activities.

The tutoring program for nursing students at MACC will be continued by the college. Of concern is the salary for tutors, who are excellent students, and can earn higher salaries working at local health care institutions as nurse aides (\$5 per hour for tutoring versus \$7 per hour as a nurse aid). Project funds did allow the tutor salaries to be increased for the duration of the funding, but these will revert back to the lower level at the end of the project year.

Presentations at several regional and national conferences have sparked interest in developing the program in other geographic regions. Program materials are available upon request.

**Issues of concern**

Several interesting issues surfaced during the course of the project. First was the difficulty encountered in getting identified students to participate in the clubs. Many of these students are overwhelmed by personal and family problems; some have criminal records (drinking and driving; drug convictions); and academic problems (school is not a priority for most of them). The support of the clubs was simply not comprehensive enough to help them be successful in a nursing career. Academically, most do not enroll in college preparatory courses, and many cannot afford the cost of dual credit courses. Those who did apply to nursing programs were hampered by low admission test scores, and a large pool of well-prepared applicants seeking admission to a small number of seats in the nursing programs. (There are only 3 RN programs in the entire North Central Missouri area. Expansion of programs is limited by a lack of nursing faculty and clinical space).

The health care institutions all agreed on the need for additional staff, and viewed the project as one mechanism for increasing the number of RNs in the area. Those who were mentors did maintain the commitment to the students in MLCNS. Other staff helped with the Nurse Career Clubs and the Summer Academy. However, total participation in the project ebbed and flowed, dependent on available staff and other time commitments.

The initial project plan to create mentoring triads of a MACC nursing student, a health care institution mentor and a local high school student did not work, generally because of logistics. The Nurse Career Clubs focused instead on mentoring the students as a cohort. Individual students could also seek career guidance if desired.

Disadvantaged students are faced with many barriers to success and pose many challenges to nursing faculty. Although they desire a higher quality of life and may be motivated to pursue such a plan, they have poor academic preparation, a home environment that does not support learning, and poor communication and social skills. With assistance to overcome these barriers, they can be successful in a nursing career and remain in their own communities. This project has begun the process of overcoming these barriers in three rural Missouri communities. As one advisory board member observed, this project has helped to “Put a face on nursing” in these communities.

**References**

1. Office of Social and Economic Data Analysis (OSEDA). County profiles. Retrieved November 8, 2003 from [www.oseda.missouri.edu](http://www.oseda.missouri.edu)

Licenses Issued in Fiscal Year 2007

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3023	1264
Licensure by Endorsement	3022	463
Licensure by Renewal of a Lapsed or Inactive License	1170	791
Number of Nurses holding a current nursing license in Missouri as of 6/30/2007	81,064	23, 230

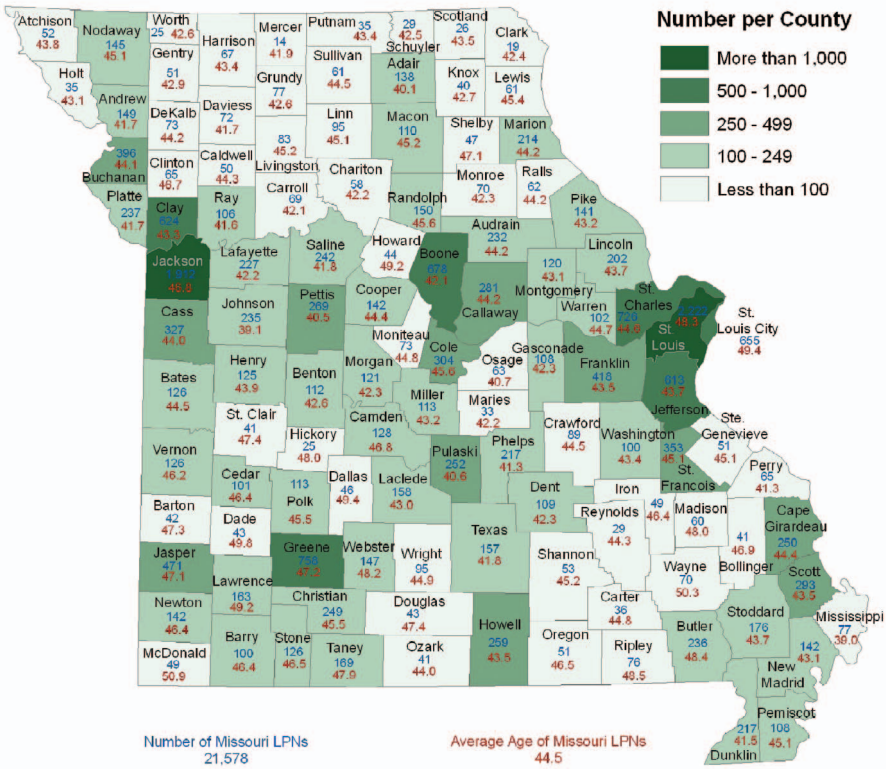
Licensure Database Information

The average age of nurses continues to stay about the same.

Profession	FY2004	FY2005	FY2006	FY2007
RN	45	46.12	46.28	46.35
LPN	44	45.13	45.36	45.00

The following two maps depict the average age by county and the number of nurses in each county that had a current Missouri nursing license as of September 17, 2007.

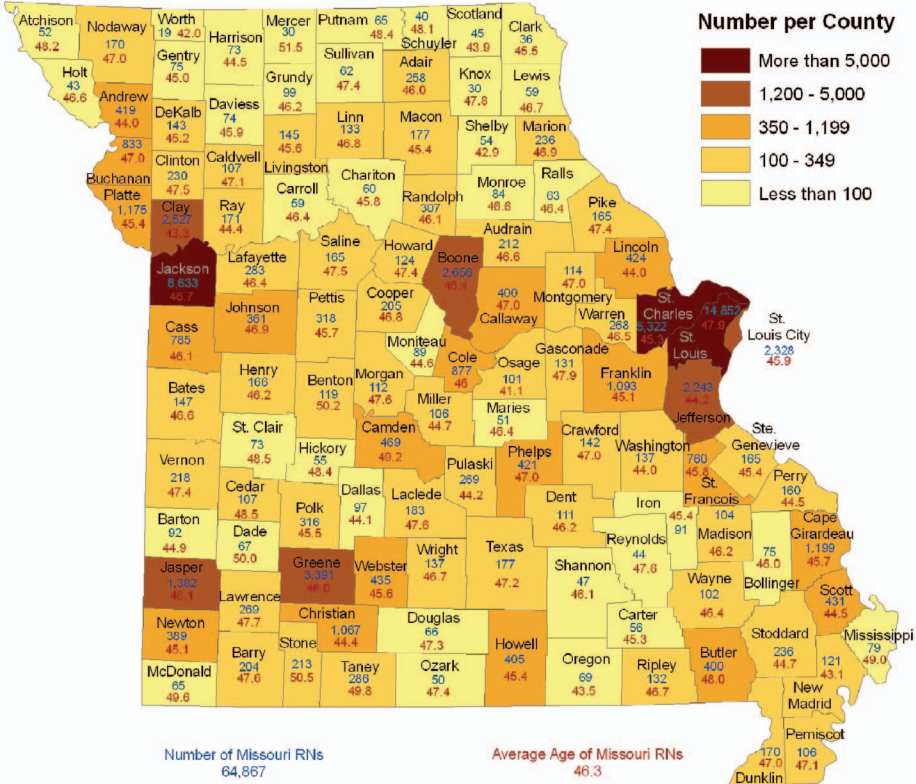
Licensed Practical Nurses in Missouri  
Number and Average Age by County, 2007



Source: Missouri State Board of Nursing



Registered Nurses in Missouri  
Number and Average Age by County, 2007



Source: Missouri State Board of Nursing



Number of Nurses Currently Licensed in the State of Missouri  
As of October 31, 2007

Profession	Number
Licensed Practical Nurse	24,341
Registered Professional Nurse	84,226
Total	108,567



The Board of Nursing is requesting contact from the following individual:

**Kimberly Eastman, PN**

If anyone has knowledge of her whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

# DISCIPLINARY ACTIONS\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

## INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
<b>Lucretia Kay Baucom</b> Tarkio MO	<b>PN2007025044</b>	On 2/15/07, Licensee has entered into an agreement with the Iowa State Board Nursing. On 11/5/01, Licensee pled guilty to the felony charge of Possession of Precursor Chemicals.	8/16/2007 to 8/16/2008
<b>Sandra Kaye Lambert</b> Washington MO	<b>RN2007023863/ PN2004029611</b>	On 1/9/07, Licensee entered a plea of guilty to the charge of Possession of Drug paraphenalia.	8/1/2007 to 8/1/2008
<b>Christine Elizabeth Turner</b> Saint Louis MO	<b>PN2007024825</b>	On 9/26/05 and 11/25/05, Licensee pled guilty to the charge of driving while intoxicated.	7/29/2007 to 7/29/2008

## CENSURE

Name	License Number	Violation	Effective Date of Censured License
<b>Rita J Becker</b> Marble Hill MO	<b>RN073524</b>	On 5/30/04, during the procedure, Licensee over sedated a patient. On 6/22/04, during the procedure, the patient vocalized discomfort, and the physician requested that Licensee administer conscious sedation to the patient. The physician, however, quickly changed his mind and ordered that no sedation be administered. After the physician restated his order that the patient receive no sedation, Licensee administered conscious sedation to the patient. On 9/7/04, following the procedure, Licensee failed to remove a hypodermic syringe containing conscious sedation drugs from the patient’s intravenous port.	Censure 8/28/2007 to 8/29/2007
<b>Penny A Delaporte</b> Monroe City MO	<b>RN135128</b>	Licensee was falsifying and forging client signatures on nurses notes of visits for which Licensee did not provide service.	Censure 8/11/2007 to 8/12/2007
<b>Donna F Doherty</b> Imperial MO	<b>RN109677</b>	While working as the DON at a Nursing Center, Licensee failed to properly supervise a CNA.	Censure 8/28/2007 to 8/29/2007
<b>Sherry M Lowrey</b> Cape Girardeau MO	<b>RN155653</b>	From 5/1/05 to 11/29/06, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 6/8/2007 to 6/9/2007
<b>Cynthia J Moon</b> Ladue MO	<b>RN090956</b>	From September 2003 and continuing until October 12, 2005, the employer displayed business cards incorrectly stating Licensee was a nurse practitioner.	Censure 8/17/2007 to 8/18/2007
<b>Virginia E Winfrey</b> Marshfield MO	<b>RN103180</b>	From 5/1/05 to 2/28/07, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 7/6/2007 to 7/7/2007

Disciplinary Actions cont. to page 15

Disciplinary Actions cont. from page 14

PROBATION

Name	License Number	Violation	Effective Date of Probation
Christopher J Aluisa Saint Louis MO	RN151254	On 6/14/03, Licensee was assigned to a newly admitted patient who was unable to speak. License was instructed to obtain as much information as possible from the patient’s old chart, then contact the patient’s husband for more information. Licensee made no effort to obtain information from the patient’s old chart or from the patient’s husband. Also during the 6/14/03 shift, one of Licensee’s assigned patients, who had been admitted for hypotension, presented with a systolic blood pressure of 60. Licensee did not notify the staff of the patient’s low blood pressure for over one and one-half hours, causing a delay in treatment. On 7/3/03, while on duty, Licensee falsified patient assessment record, in that Licensee visited patient one time, then charted several assessments ahead of time.	Probation 6/8/2007 to 12/8/2007
Anita L Balaski Florissant MO	RN071579	On 10/19/04, Licensee admitted to diverting Hydrocodone, Lorazepam, Alprazolam for her own personal use.	Probation 7/7/2007 to 7/7/2010
Lorie Ann Barnes Campbell MO	PN2002021018	Licensee has a previous history of drug abuse and severe mood swings. On 4/18/06, Licensee and a co-worker had finished counting the narcotics from both hallways and Licensee had relinquished the key to the medication room to her. Licensee then asked for the key back because she needed to check something. Staff began to become suspicious of Licensee’s behavior, since they had known of Licensee’s past drug abuse. Licensee’s behavior was observed as spacey and wiggled out at times and Licensee would sometimes stop mid-sentence in a conversation and just stare. On 4/19/06, staff stated that Licensee had informed a co-worker that she had signed out a 20mg Ambien, from patient L.C.’s drawer and had given it to another patient, V.C., because patient V.C. had no Ambien in her supply. Patient V.C. had an order for 5mg of Ambien. Licensee was witnessed telling another co-worker that the extra 5mg of Ambien wasn’t going to hurt patient V.C. When Licensee was confronted about the incident, she explained that she only gave patient V.C. the prescribed dose of 5mg and wasted the other half. On 4/20/06, Licensee was asked to submit to a drug screen. Licensee agreed to take the screen and said that she wanted to go get her purse for the list of medications she was currently taking and bring it back. Licensee left to go get her purse and never returned.	Probation 6/19/2007 to 6/19/2010
Julia A Bealer Joplin MO	RN110597	On April 16-17, 2004 and May 8-9, 2004, Licensee failed to chart the administration of Lortab and Tylenol-3. On 5/9/04, Licensee used the name and password of a nurse to withdraw Tylenol-3. Licensee had no authorization from the nurse or hospital administrators to do so. On 6/14/04, Licensee contacted her employer and admitted that she removed the uncharted doses of Tylenol-3 and Lortab for her own personal use and had not administered them to patients.	Probation 7/3/2007 to 7/3/2010
Linda C Bimson O’Fallon MO	RN058721	With the resident in the wheelchair, Licensee took the wheelchair and began pulling the resident backwards to her room.	Probation 8/28/2007 to 8/28/2008
Jennifer Leigh Blackwell Saint Louis MO	RN2004011084	In 2001, Licensee began using narcotics and other controlled substances without a prescription, became addicted and chemically dependant, such that in May 2005 she overdosed. After discharge as an inpatient from the hospital she continued her treatment and has been in full compliance with her treatment program.	Probation 7/18/2007 to 7/18/2010
John Christopher Blake Trenton MO	PN2006024009	Licensee was employed from October of 2002 until June of 2006. Licensee has a license to practice nursing in California however he does not have a license to practice nursing in Missouri. Licensee had a Missouri Licensed Practical Nurse Temporary Permit which was issued on 4/14/03 and expired on 10/13/03.	Probation 6/20/2007 to 6/20/2010
Thomas R Brislan Elwood KS	RN150612	On 10/12/04, Licensee pled guilty to two felony counts of Trafficking in Illegal Drugs and one misdemeanor count of DWI.	Probation 6/18/2007 to 6/18/2010
Michelle L Burch Farmington MO	RN2000162362	On 3/26/06, when the Director of Nursing was contacted about Licensee’s behavior, Licensee refused to take a drug test. Licensee reported she had consumed Marijuana and she was afraid it would show up on the test.	Probation 6/19/2007 to 6/19/2010
Katherine Johannette Campbell Chillicothe MO	RN2001015665	Licensee was terminated on April 24, 2006. A Pyxis discrepancy showed that two Oxycodone were replaced by baby aspirin. Licensee stated she had been diverting drugs since January 2006. Licensee tested positive for marijuana. Licensee admitted to taking syringes of Dilaudid out of the Pyxis under another nurse’s name, removing Percocet, Darvocet, Vicodin, and to using the wastage of Morphine individual cartridges.	Probation 7/18/2007 to 7/18/2012
Robyn E Combs Fair Play MO	PN042805	According to Licensee’s statement accompanying her petition for renewal, Licensee inadvertently overdosed on a combination of prescribed anti-depressants and muscle relaxers on June 10, 2006.	Probation 7/17/2007 to 7/17/2010



Disciplinary Actions cont. from page 15

Name	License Number	Violation	Effective Date of Probation
Julee Corey Willard MO	RN2001004743	On 1/21/06, the Police Department responded to a one vehicle accident. When they arrived, Licensee was sitting in the driver’s seat of the vehicle and she appeared to be bleeding from a wound on her head. Three witnesses of the accident were interviewed and they stated that they witnessed Licensee driving the vehicle erratically prior to her losing control and overturning the vehicle. A rescue worker was attempting to locate Licensee’s purse and instead found a long, silver bag. When they opened the bag, they found 9 empty one milliliter bottles of Morphine, 2 empty one millimeter bottles of Lorazepam, 1 empty millimeter bottle of Promethazine Hydrochloride, 3 used syringes with fresh blood and a lavender colored pill marked Watson 540, which was later identified as one of her husband’s hydrocodone pills. Licensee did not have valid prescriptions for Morphine, Lorazepam, Promethazine Hydrochloride or Hydrocodone.	Probation 6/19/2007 to 6/19/2012
Mary M Ettinger Chesterfield MO	RN066152	Licensee was required to contact with NCPS, inc. to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, inc. on 19 days. Further on the following days: 10/11/06, 11/8/06, 1/8/07, 1/18/07 and 2/2/07, Licensee was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample. Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Probation 6/18/2007 to 3/28/2009
Markel C Fitchpatrick, Jr Blodgett MO	PN2001002245	Licensee was arrested with two signed blank prescription forms on his person. On 5/31/94, Licensee pled guilty to two counts of Felony Stealing. On 5/29/01, Licensee pled guilty to DWI. On 9/23/04, Licensee pled guilty to Possession of Chemicals with the Intent to Manufacture a Controlled Substance. On 2/14/06, Licensee pled guilty to Leaving the Scene of an Accident and C&I Driving.	Probation 6/18/2007 to 6/18/2012

Disciplinary Actions cont. to page 18

Summary of Actions  
September 2007  
Board Meeting

Education Matters

Curriculum Changes

- Request to change the number of class hours from 832 to 818 hours and the total of clinical hours from 492 to 500 hours was changed for Hillyard Technical Practical Nursing Program #17-189 was approved.
- Request to change the number of credit hours from 110 to 107 was approved for National American University, ADN Program #17-438 was approved.
- Request to approve the curriculum changes in Med-Surg I, Geriatrics, Med-Surg II, Maternal-Newborn and Mental Health for Applied Technology Services/West County and Applied Technology Services/MET Center, PN Programs #17-154 and #17-100 was approved.

Program Changes

- Request to change the length of the program from 22 months to 28 months for Lutheran School of Nursing, Diploma Nursing Program, #17-392 was approved.

Enrollment Changes

- Request to increase enrollment from 100 to 140 students per class at Jefferson College Bi-Level, Practical Nursing Program, Program #17-174 was approved
- Request to increase enrollment from 22 students to 25 students per class with the addition of 1-2 new clinical instructors for Texas County Technical Institute, ADN program #17-401 was approved
- Request to increase enrollment from 40 to 45 students for North Central Missouri College, ADN Program #17-405 was approved.

Surveys

- Numerous surveys and annual reports were approved.

Discipline Matters

The Board held 7 disciplinary hearings and 18 violation hearings.

Licensure Matters

The Licensure Committee reviewed 26 applications and 15 renewal applications. Results of reviews as follows:

Initial Applications

Approved—6  
Approved with letters of concern—10  
Applications approved with probated licenses—6  
Denied applications—4

Renewal Applications

Issued letter of concern—3  
Probated—8  
Denied—4

In addition 11 letters of concern for unlicensed practice were issued.

Disciplinary Actions cont. from page 17

Name	License Number	Violation	Effective Date of Probation
Mary A Freeman Prairie Village KS	RN111292	On 7/27/05, Licensee administered the drug Rhogam to a patient under her care. After administering the drug, Licensee signed a blood transfusion verification form showing she had administered the drug. The form required a second signature from a separate nurse to verify the treatment. In the space for the verifying signature, Licensee forged the signature of a nurse.	Probation 7/31/2007 to 7/31/2009
Tamera L Gough Shelbina MO	RN155085	Licensee’s urine tested positive for propoxyphene; meperidine; amphetamine and methamphetamine. Licensee did not have a valid prescription for propoxyphene; meperidine; amphetamine and methamphetamine.	Probation 6/18/2007 to 6/18/2012
Steven E Henson Sedalia MO	PN054743	On 10/12/06, Licensee phoned in an unauthorized prescription for himself for the drug Bontril.	Probation 7/31/2007 to 7/31/2008
Jane A Hinson Camdenton MO	RN101063	Prior to June 2005, Licensee advertised that an IV Certification class was being offered through a company. The company is a limited liability cooperation registered with the Kansas Secretary of State. Licensee is one of two partners in the cooperation. The class was to be offered on June 4th and 5th, 2005 from approximately 8:00 am until 5:00 pm. The class failed to meet requirements set out in 4 CSR 200-6.010 to attain IV certified status for the participants in the class. In Licensee response to this complaint, Licensee stated that the class was meant as a “refresher” course for those who were already certified or were transferring their certification from another state. However, nothing in the advertisement indicates that this is a “refresher” course. There was no one in the class who was already certified or was transferring their certification from another state. All participants in the class interviewed by Board personnel indicated that they thought the class would qualify them for “IV certified” status. The conduct in this case did not involve patient care.	Probation 6/26/2007 to 6/26/2008

Disciplinary Actions cont. from page 18

Name	License Number	Violation	Effective Date of Probation
Dorothy LaRuth Holloway Blue Springs MO	PN2003029088	On 8/11/06, Licensee was the only nurse on duty at the Facility, along with 2 certified medication technicians and 3 CNAs. At approximately 6:25 pm, Licensee left the Facility without notifying or transferring the care of her patients to another licensed healthcare provider. As a result of Licensee’s conduct, there were no licensed healthcare provider at the Facility from 6:25pm until approximately 7:15 pm.	Probation 6/19/2007 to 6/19/2009
Regina Ellen Senchak Janocko Hershey PA	RN2002024981	Licensee was practicing outside her scope of practice because Licensee had written 4 prescriptions for controlled substances without the physician’s signature. The physician denied having knowledge of the 4 prescriptions. The 4 prescriptions included: a prescription for Lyrica on 3/23/06, a prescription for Lortab written on 4/17/06, a prescription for Darvocet written on 4/17/06 and a second prescription for Lyrica written on 4/24/06. On 4/26/06, the physicians had a meeting with Licensee to discuss the 4 prescriptions and a number of other incidents. 1. Licensee giving samples of Lyrica to a patient instead of a prescription for Lexapro. 2. Licensee changing a treatment plan without consulting the physician. 3. Licensee prescribed Nexium to a patient instead of Prilosec which the physician ordered. Licensee explained that she changed the order because the patient’s insurance company would not pay for Prilosec. 4. Licensee writing a prescription for Doxycycline Pulse Pack instead of Doxycycline Dose Pack. 5. Licensee did not administer Decadron IM as the physician requested rather Licensee prescribed Prednisone to the patient. On 4/26/06, meeting License’s “Unusual behavior” was also discussed.	Probation 6/20/2007 to 6/20/2008
Cheryl Ann Johnson House Springs MO	RN126276	On 12/27/03, Licensee removed a bottle of Roxanol from its storage cabinet. Licensee removed the label from the bottle of Roxanol, wrapped the bottle in a piece of paper and secured it using a rubber band. Licensee then placed the bottle in her personal bag and attempted to leave the facility.	Probation 7/7/2007 to 7/7/2008
Kimberly S Kennon Cape Girardeau MO	RN103388	Licensee was terminated from employment for failing to timely give Levaquin. Plead guilty to DWI on July 5, 2001; August 21, 2002; October 26, 2004.	Probation 6/18/2007 to 6/18/2010
Robert D Kinder Edwardsville IL	RN154030	In April 2005, Licensee tested positive for Cocaine metabolites and self reported his addiction to cocaine and alcohol. On 11/19/2005 and 11/21/2005, Licensee’s drug screens were positive for cocaine metabolites. On 12/13/05, Licensee self reported that he had relapsed on 11/13/05 and 11/20/05.	Probation 7/4/2007 to 7/4/2012
Betty Ann Kruse Cole Camp MO	PN2006008613	Licensee voluntarily submitted to a post-offer, pre-employment drug test which was confirmed positive for marijuana.	Probation 6/18/2007 to 6/18/2009
Jennifer Nicole Loggans Saint Charles MO	PN2000154524	On 3/22/06, Licensee submitted an application to renew her licensed practical nurse’s license. Question 10 on the application stated the following: Since you last renewed, have you been treated through a drug or rehabilitation program? Licensee answered yes to question 10 and also wrote a note to the Board stating that she was attending counseling services for cocaine addiction.	Probation 6/19/2007 to 6/19/2009
Janet Lindh Lowenthal Ballwin MO	RN2002026092	When a patient attempted to remove her leads a fourth time, Licensee told the patient to stop, slapped the patient’s right arm, forced her arm down to the bed and told her again to refrain from pulling at her leads.	Probation 8/15/2007 to 8/15/2008
Courtney Lynn Martin Warrenton MO	PN2003005318	On 5/7/06, Licensee left her staff unsupervised on the night shift; nurse aids completed a search and were unable to find Licensee in the facility for two hours. Licensee was paged several times however Licensee never responded to any of the pages and showed up approximately two hours after to administer the resident’s medication. It was also alleged that Licensee allowed a boyfriend of one of the nurses’ aides to follow the aide into the patient’s rooms. Due to the incident Licensee was terminated from the facility but was later rehired in October of 2006.	Probation 6/5/2007 to 6/5/2009
Karen L Moody Portageville MO	RN2002022031	On 2/14/07, Licensee entered into an agreement with the Arkansas State Board of Nursing.	Probation 7/17/2007 to 9/20/2009
Jane F Mueller Creve Coeur MO	RN103243	On at least four different occasions in September and October 2005, while on duty, Licensee solicited and received Tylox tablets, Fiorinal with Codeine tablets, Percocet tablets and Darvocet tablets from fellow employees. Licensee did not have valid prescriptions for Tylox, Fiorinal with Codeine, Percocet or Darvocet.	Probation 7/21/2007 to 7/21/2012

# SCHEDULE OF BOARD MEETING DATES THROUGH 2008

December 5-7, 2007

March 5-7, 2008

June 4-6, 2008

September 10-12, 2008

December 3-5, 2008

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**



Disciplinary Actions cont. from page 19

Name	License Number	Violation	Effective Date of Probation
Angela R Palm Saint Louis MO	RN151325	On 5/2/06, an incident occurred between Licensee and a psychiatric patient who was not assigned to her care. The Hospital has a policy that only allows patients to use the phone for 5 or 10 minutes, and Licensee observed that the patient had been on the phone for longer than 10 minutes. The patient became enraged after Licensee asked her to comply with telephone policy. Licensee then began yelling at the patient in the telephone room until another healthcare provider called the charge nurse and security. Security officers took the patient to the seclusion room and per Hospital policy, Licensee was instructed to stay out of sight of the patient, but refused and the patient was able to break free of security. The patient approached Licensee, which time Licensee took her lab coat off, threw it to the floor and said, “I’m not going to let you hurt me.” The charge nurse placed himself in between Licensee and the patient, but Licensee attempted to strike the patient and hit the charge nurse in the back instead.	Probation 6/19/2007 to 6/19/2008
James M Price Fulton MO	PN047538	On 11/17/06, Licensee submitted to a drug screen which tested positive for marijuana.	Probation 8/11/2007 to 8/11/2009
Jay M Rosenberg O’Fallon MO	RN105344	On 6/1/04, Licensee submitted to a random urine drug screen which tested positive for marijuana.	Probation 7/31/2007 to 7/31/2009
Jennifer Ann Salmons Fulton MO	PN2004011895	On 8/24/06, Licensee pled guilty and was convicted of theft/stealing.	Probation 6/20/2007 to 6/20/2009
Tammy L Savner Bonner Springs KS	PN053459	On 8/31/06, Licensee wrote a prescription for Vicodin for herself and signed a physician’s name. The prescription was never filled and licensee was asked to submit to drug testing on 9/1/06. The drug screen was negative.	Probation 7/10/2007 to 7/10/2009
Heather Marie Scott Shawnee Mission KS	RN2005025775	Licensee submitted and tested positive for opiates, specifically morphine.	Probation 8/11/2007 to 8/11/2010
Julie A Sellers Fenton MO	RN123385	On 1/17/06, a for-cause drug test administered to Licensee tested positive for cocaine.	Probation 7/31/2007 to 7/31/2010
Sharon M Smith Sorento IL	RN148964	On 1/17/07, Licensee entered an agreement with the Illinois State Board of Nursing.	Probation 7/17/2007 to 1/17/2010
Mary E Stockson Farmington MO	RN093075	In February of 2004, Licensee and an inmate began a romantic relationship with one another.	Probation 7/21/2007 to 7/21/2008
Angela L Thomas Saint Louis MO	PN058144	In December of 2004, Licensee threw cold water on a resident as a method of preventing the resident from engaging in inappropriate behavior.	Probation 8/4/2007 to 8/4/2009
Suzan Vahlkamp Quincy IL	RN136703	Licensee falsified her time sheets by clocking in on days she was not scheduled to work and did not work.	Probation 7/4/2007 to 7/4/2008
Rachel C Weirich Kansas City MO	RN2000165289	Licensee was on probation with the Missouri State Board of Nursing from March 15, 2005 for a period of one year. On December 6, 2005 licensee tested positive for marijuana.	Probation 7/18/2007 to 7/18/2009
Bonnie L White Saint Louis MO	RN087734	During September of 2003, Licensee began a relationship with a patient. Licensee allowed the patient to live in her home, allowed the patient to purchase groceries which were at least partially for her own personal use, purchased clothing items for the patient, Licensee transported the patient to and from personal errands in the patient’s automobile, and Licensee acted on the patient’s behalf in discussions with the patient’s automobile insurance provider.	Probation 8/7/2007 to 8/7/2008
Cheryl A Woodley Ashland MO	RN2001015713	Licensee submitted to a pre-employment drug screen which tested positive for Marijuana Metabolites.	Probation 7/7/2007 to 7/7/2009
Janet Lee Wooldridge Saint Peters MO	PN025670	Licensee violated the disciplinary agreement by not submitting documents.	Probation 6/18/2007 to 3/11/2008

Disciplinary Actions cont. to page 21

*Disciplinary Actions cont. from page 20*

REVOKED

Name	License Number	Violation	Effective Date of Revocation
<b>Regena Lucille Casey</b> Salina KS	<b>RN2001031311</b>	Licensee failed to complete the contract process with NCPS, Inc. Licensee failed to have a Chemical Dependency Evaluation submitted to the Board.	Revoked 6/14/2007
<b>Gale E Coats</b> Leeton MO	<b>PN054979</b>	Licensee never completed the contract process with NCPS, Inc. Licensee did not have a Chemical Dependency Evaluation submitted to the Board.	Revoked 6/14/2007
<b>Diane C Dueker</b> Cuba MO	<b>RN2002017264</b>	Licensee failed to submit proof of completion of fifteen Continuing Education Units to the Board.	Revoked 6/18/2007
<b>Theresa M Flieger</b> Troy MO	<b>PN047909</b>	Licensee reported to a collection site and provided an unwitnessed sample and the technician requested a second sample. Licensee then requested to return to her vehicle before providing another sample and was told she could not do that. Licensee then returned to her vehicle and left the collection site. By failing to provide the second sample, Licensee violated the terms of her NCPS, Inc. contract.	Revoked 6/14/2007
<b>Kimberly G Gibson</b> Saint James MO	<b>RN117151</b>	Licensee did not provide proof of support group attendance to the Board. Licensee did not receive a letter of ongoing treatment evaluation from a chemical dependency professional.	Revoked 6/14/2007
<b>Matthew Leslie Jaynes</b> Dexter MO	<b>RN2005021674</b>	Licensee failed to complete the contract process with NCPS and failed to undergo a thorough chemical dependency evaluation.	Revoked 6/14/2007
<b>Tiffany An Pierson</b> Park Hills MO	<b>PN1999136101</b>	Licensee gave injections to patients after residents refused oral medication. Both residents verbally expressed to Licensee that they did not want injections. Licensee failed to follow protocol when dealing with these patients.	Revoked 6/21/2007
<b>Kendra Jean Whybark</b> Matthews MO	<b>PN2002007373</b>	Licensee violated the terms of the Settlement Agreement by failing to call in to NCPS on thirty-two (32) days and failed to report to a collection site for random drug screening on six (6) occasions.	Revoked 6/14/2007
<b>Robyn L Williams</b> Sainte Genevieve MO	<b>RN151158</b>	Licensee failed to complete a contract with NCPS, Inc. and failed to submit a thorough chemical dependency evaluation.	Revoked 7/17/2007
<b>Joy L Wolf</b> Springfield MO	<b>PN049943</b>	Licensee failed to call in to NCPS, Inc. on forty-four (44) days, during the disciplinary period and has failed to call NCPS, Inc. since 3/30/07. Licensee failed to report to a laboratory to provide a sample for screening.	Revoked 6/14/2007

*Disciplinary Actions cont. to page 22*

Disciplinary Actions cont. from page 21

SUSPENSION/PROBATION

Name	License Number	Violation	Effective Date of Suspension
<b>Rebekah L Backowski</b> Saint Louis MO	<b>RN149575</b>	On 3/20/06, found in Licensee’s Locker: one 100 ml bottle of Propofol, three 20 ml bottles of Propofol, Flumazenil (.5 mg/5ml) opened and unused, 1 ampoule of Midazolam (2mg/ml), 1 ampoule of Fentanyl (100 mcg/2ml), 1 Carpujet of Morphine (2mg/ml).	Suspension 7/21/2007 to 1/21/2008 Probation 1/22/2008 to 1/22/2013
<b>Edith C Moore</b> Birch Tree MO	<b>RN106979</b>	Licensee is not now and never has been licensed as an advanced practice nurse or physician assistant, and does not possess the requisite education and training for licensure as an advanced practice nurse. Between October 2003 and February 2004 pursuant to the supervision agreement licensee took patients’ medical histories, reviewed information provided by patients, reviewed patients’ medication, reviewed patients’ vital signs and performed examinations of patients. Licensee used pre-signed prescription slips to issue refills of patients’ prescription and gave the slips to patients before the physician reviewed the prescription. On 3/29/04, Licensee wrote refill of a prescription for OxyContin and issued the prescription without having the patient examined and without obtaining the physicians prior review. Licensee also wrote refills of prescriptions for Methadone and Hydrocodone on pre-signed prescription slips without obtaining prior review.	Suspension 7/6/2007 to 1/6/2008 Probation 1/7/2008 to 1/7/2009
<b>Alena N McFerron</b> Sainte Genevieve MO	<b>RN2003017979</b>	Licensee submitted to a drug screen which was positive for Opiates. In December 2005, Licensee submitted to a drug screen which was positive for Amphetamines.	Suspension 7/4/2007 to 1/4/2008 Probation 1/5/2008 to 1/5/2013

Disciplinary Actions cont. to page 23



VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Mary F Buchanan O'Fallon IL	RN104855	Licensee was terminated from her employer as a result of inaccurate documentation and improper handling of narcotics.	Voluntary Surrender 6/18/2007
Patricia A Burks Sheldon MO	PN034517	Medication distribution errors; documentation errors.	Voluntary Surrender 7/31/2007
Robert J Burns, III Saint Louis MO	RN092529	On 3/29/06, Licensee was added to the Missouri Department of Health and Senior Services Employee Disqualification list.	Voluntary Surrender 7/24/2007
Sarah L Carmichael Kansas City MO	RN137260	Licensee arrived late for work and was exhibiting abnormal behavior and using foul language. Licensee was also emotional and was unable to comprehend information. Licensee was then given a blood alcohol test in which she tested .169	Voluntary Surrender 8/13/2007
Lori L Dennis La Cygne KS	RN119921	On 8/15/01, Licensee presented two fraudulent prescriptions to a pharmacy. One prescription for Lortab 7.5, 500 mg, 100 pills and the second prescription was for Parafon Forte, 80 pills. The prescriptions were written on a pad. The physician did not authorize the scripts.	Voluntary Surrender 7/3/2007
Lisa M Edgar O'Fallon MO	PN057763	Licensee diverted Oxycodone from employer Licensee also stated that she obtained narcotics from her workplace and that she had done so for approximately six months before being caught.	Voluntary Surrender 7/31/2007
Lee R Hopler Kirkwood MO	RN106406	On 10/5/04 and 10/21/04, Licensee failed to administer tube feedings and medications.	Voluntary Surrender 7/18/2007
Donna Susan Howard Bethany MO	PN045172	On 10/27/05, it was brought to the Department Head's attention that Licensee reported a blood sugar of 70mg/dl on the same patient on two consecutive mornings. It was stated that she then corrected herself, saying "it was 66 at 6:00 so I gave her a snack, then it was 79 at 6:30." Although Licensee documented it in the Fingerstick Flowsheet, she failed to document it on the Insulin Administration Record and failed to do a follow up blood sugar check. During report, the charge nurse questioned Licensee regarding a patient's Coumadin dosage due to an elevated protime level, and her response was "you don't need to know, it is on hold." When the charge nurse stated she needed to know the dosage because of the abnormal lab, Licensee's response was "I said it doesn't matter, he isn't getting it anyway." On 10/26/05, a Medication Error Report indicated that a patient assigned to Licensee had an order for an Advair inhaler, and the documentation showed that she had administered two doses of Advair to this patient. The inhaler contains a total of 28 doses and according to the countdown mechanism on the inhaler, there were 27 doses remaining, indicating that only one dose was given, and only one inhaler was signed out of the pharmacy. There was no documentation in the medical record of a dose being withheld.	Voluntary Surrender 7/18/2007

Disciplinary Actions cont. to page 24



Disciplinary Actions cont. from page 23

Name	License Number	Violation	Effective Date of Voluntary Surrender
Lillian Lee Hughs Waynesville MO	RN093755	Abusive Treatment of Patient—Placed Tape on Patients Mouth.	Voluntary Surrender 7/31/2007
Frances V Kaminski Kansas City KS	RN2002022718		Voluntary Surrender 6/21/2007
Anthony D Kennedy Columbia MO	PN037789	On 8/25/04, Licensee was assigned a single Patient #1 from 7:00 a.m. until 2:30 p.m. Licensee slept while on duty, Licensee failed to document Patient #1’s vital signs, assess his condition or complete his restraint documentation in the patient’s charts. Patient #1’s condition deteriorated on 8/25/04. Because Licensee had failed to properly assess and document Patient #1’s condition, the patient’s chart contained no information of pre-existing problems. On 8/25/04, Licensee was assigned to Patient #2. Patient #2’s treating physician ordered the administration of antibiotics. Licensee failed to administered Patient #2’s antibiotics as prescribed. On 9/24/04, Licensee was assigned to Patient #3. Patient #3 began desaturating below normal levels. This desaturation caused alarms to sound at the nurse’s station, where Licensee was seated. Instead of immediately responding and attending to Patient #3, Licensee remained seated. Licensee called “RT” to inform someone else of Patient #3’s desaturation.	Voluntary Surrender 6/5/2007
Shawna S Oney Carthage MO	RN132914	Licensee documented on five separate occasions that various patients were given Lorcet yet the physician had not ordered Lorcet. Licensee was terminated for theft of controlled substances and falsification of patient records.	Voluntary Surrender 8/15/2007
Linda J Silva Lees Summit MO	RN2002003626	Info that Licensee Voluntarily Surrendered Iowa Nursing License. Licensee was denied licensure by endorsement from Arizona Board of Nursing for failure to maintain minimal standards in reference to documentation errors and false documentation.	Voluntary Surrender 7/20/2007
Toby Jay Strong Gainesville MO	RN2003018095	Licensee diverted Demerol from a patient for personal consumption. On 5/24/05, Licensee plead guilty to Stealing.	Voluntary Surrender 7/31/2007
Pamela Joan Tucker Bono AR	RN2006024121	Licensee was issued discipline Order from the state of Arkansas. The circumstances which led to the imposition of discipline are ground for revocation or suspension by the state of Missouri.	Voluntary Surrender 8/15/2007

Did you know you are required to notify the Board if you  
change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

*Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.*

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.  
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>